

		FOR OHF USE					

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2005  
STATE OF ILLINOIS  
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES  
FINANCIAL AND STATISTICAL REPORT FOR  
LONG-TERM CARE FACILITIES  
(FISCAL YEAR 2005)

IMPORTANT NOTICE  
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

<b>I. IDPH Facility ID Number:</b> <u>0038604</u>		<b>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</b>	
<b>Facility Name:</b> <u>BEVERLY FARM FOUNDATION</u>		<p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/2004</u> to <u>06/30/2005</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p>	
<b>Address:</b> <u>6301 HUMBERT ROAD</u> <u>GODFREY</u> <u>62035</u>			
Number City Zip Code			
<b>County:</b> <u>MADISON</u>			
<b>Telephone Number:</b> <u>(618)466-0367</u> <b>Fax #</b> ( )			
<b>IDPA ID Number:</b> <u>37-1237369001</u>			
<b>Date of Initial License for Current Owners:</b> _____			
<b>Type of Ownership:</b>			
<input checked="" type="checkbox"/> VOLUNTARY,NON-PROFIT			
<input checked="" type="checkbox"/> Charitable Corp.			
<input type="checkbox"/> Trust			
<b>IRS Exemption Code</b> <u>501(c)(3)</u>			
<input type="checkbox"/> PROPRIETARY			
<input type="checkbox"/> Individual			
<input type="checkbox"/> Partnership			
<input type="checkbox"/> Corporation			
<input type="checkbox"/> "Sub-S" Corp.			
<input type="checkbox"/> Limited Liability Co.			
<input type="checkbox"/> Trust			
<input type="checkbox"/> Other _____			
<input type="checkbox"/> GOVERNMENTAL			
<input type="checkbox"/> State			
<input type="checkbox"/> County			
<input type="checkbox"/> Other _____			
<b>In the event there are further questions about this report, please contact:</b>			
<b>Name:</b> <u>BRENDA MILLER</u>			
<b>Telephone Number:</b> <u>(618)466-0367</u>			
		<b>Officer or Administrator of Provider</b>	
		(Signed) _____ (Date) _____	
		(Type or Print Name) <u>MARTHA WARFORD</u>	
		(Title) <u>EXECUTIVE DIRECTOR</u>	
		(Signed) _____ (Date) _____	
		<b>Paid Preparer</b>	
		(Print Name and Title) <u>KIMBERLY S. LOY, CPA</u> <u>PRINCIPAL</u>	
		(Firm Name & Address) <u>SCHEFFEL &amp; COMPANY, P.C.</u> <u>106 COUNTY ROAD, JERSEYVILLE, IL 62052</u>	
		(Telephone) <u>(618)498-6841</u> Fax # <u>(618)498-6842</u>	
		MAIL TO: BUREAU OF HEALTH FINANCE ILLINOIS DEPT OF HEALTHCARE AND FAMILY SERVICES 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	

Facility Name & ID Number BEVERLY FARM FOUNDATION

# 0038604 Report Period Beginning: 07/01/2004 Ending: 06/30/2005

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,  
(must agree with license). Date of change in licensed beds \_\_\_\_\_

1		2		3		4	
	Beds at Beginning of Report Period	Licensure Level of Care		Beds at End of Report Period	Licensed Bed Days During Report Period		
1		Skilled (SNF)				1	
2		Skilled Pediatric (SNF/PED)				2	
3		Intermediate (ICF)				3	
4	300	Intermediate/DD		300	109,500	4	
5		Sheltered Care (SC)				5	
6		ICF/DD 16 or Less				6	
7	300	TOTALS		300	109,500	7	

B. Census-For the entire report period.

1	2	3	4	5	
Level of Care	Patient Days by Level of Care and Primary Source of Payment				
	Medicaid Recipient	Private Pay	Other	Total	
8 SNF					8
9 SNF/PED					9
10 ICF					10
11 ICF/DD	89,010	4,283		93,293	11
12 SC					12
13 DD 16 OR LESS					13
14 TOTALS	89,010	4,283		93,293	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed  
bed days on line 7, column 4.) 85.20%

D. How many bed-hold days during this year were paid by the Department?

2,264 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.  
(E.g., day care, "meals on wheels", outpatient therapy)  
\_\_\_\_\_

F. Does the facility maintain a daily midnight census? YES

G. Do pages 3 & 4 include expenses for services or  
investments not directly related to patient care?  
YES ☐ NO ☒

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?  
YES ☒ NO ☐

I. On what date did you start providing long term care at this location?  
Date started 10/01/1957

J. Was the facility purchased or leased after January 1, 1978?  
YES ☐ Date \_\_\_\_\_ NO ☒

K. Was the facility certified for Medicare during the reporting year?  
YES ☐ NO ☒ If YES, enter number  
of beds certified \_\_\_\_\_ and days of care provided \_\_\_\_\_

Medicare Intermediary \_\_\_\_\_

IV. ACCOUNTING BASIS

ACCUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

Is your fiscal year identical to your tax year? YES ☒ NO ☐

Tax Year: 06/30/05 Fiscal Year: 06/30/05

\* All facilities other than governmental must report on the accrual basis.

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	<b>A. General Services</b>											
1	Dietary	850,779	85,544	28,360	964,683		964,683		964,683			1
2	Food Purchase		614,763		614,763		614,763	(8,976)	605,787			2
3	Housekeeping	747,646	21,290	32,560	801,496		801,496		801,496			3
4	Laundry		84	287,537	287,621		287,621		287,621			4
5	Heat and Other Utilities			291,764	291,764		291,764		291,764			5
6	Maintenance	265,040	16,128	256,666	537,834		537,834		537,834			6
7	Other (specify):* SAFETY/SECURITY	18,252	624	65,617	84,493		84,493		84,493			7
8	<b>TOTAL General Services</b>	1,881,717	738,433	962,504	3,582,654		3,582,654	(8,976)	3,573,678			8
	<b>B. Health Care and Programs</b>											
9	Medical Director											9
10	Nursing and Medical Records	4,237,529	107,989	434,959	4,780,477	(107,258)	4,673,219		4,673,219			10
10a	Therapy	178,593	2,786	11,563	192,942		192,942		192,942			10a
11	Activities	180,734	26,488	17,853	225,075		225,075		225,075			11
12	Social Services	122,516		900	123,416		123,416		123,416			12
13	CNA Training	105,658			105,658	107,258	212,916		212,916			13
14	Program Transportation	59,570		34,859	94,429	(11,832)	82,597		82,597			14
15	Other (specify):*											15
16	<b>TOTAL Health Care and Programs</b>	4,884,600	137,263	500,134	5,521,997	(11,832)	5,510,165		5,510,165			16
	<b>C. General Administration</b>											
17	Administrative	148,638		18,636	167,274		167,274		167,274			17
18	Directors Fees											18
19	Professional Services			182,193	182,193		182,193		182,193			19
20	Dues, Fees, Subscriptions & Promotions			38,585	38,585		38,585		38,585			20
21	Clerical & General Office Expenses	316,300	37,372	134,876	488,548		488,548		488,548			21
22	Employee Benefits & Payroll Taxes			1,773,258	1,773,258		1,773,258		1,773,258			22
23	Inservice Training & Education			9,022	9,022		9,022		9,022			23
24	Travel and Seminar			16,494	16,494		16,494		16,494			24
25	Other Admin. Staff Transportation											25
26	Insurance-Prop.Liab.Malpractice			592,844	592,844		592,844		592,844			26
27	Other (specify):* FUND RAISING	121,275		33,347	154,622		154,622	(154,622)				27
28	<b>TOTAL General Administration</b>	586,213	37,372	2,799,255	3,422,840		3,422,840	(154,622)	3,268,218			28
29	<b>TOTAL Operating Expense (sum of lines 8, 16 &amp; 28)</b>	7,352,530	913,068	4,261,893	12,527,491	(11,832)	12,515,659	(163,598)	12,352,061			29

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total					9	10	
	D. Ownership	1	2	3	4	5	6	7	8			
30	Depreciation			928,800	928,800		928,800	(323,160)	605,640			30
31	Amortization of Pre-Op. & Org.			13,636	13,636		13,636		13,636			31
32	Interest			468,945	468,945		468,945	(136,332)	332,613			32
33	Real Estate Taxes			11,067	11,067		11,067	(11,067)				33
34	Rent-Facility & Grounds											34
35	Rent-Equipment & Vehicles											35
36	Other (specify):* MORTGAGE INS			34,345	34,345		34,345		34,345			36
37	TOTAL Ownership			1,456,793	1,456,793		1,456,793	(470,559)	986,234			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation					11,832	11,832		11,832			38
39	Ancillary Service Centers	25,969	2,848	82,559	111,376		111,376		111,376			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops											41
42	Provider Participation Fee			722,576	722,576		722,576		722,576			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers	25,969	2,848	805,135	833,952	11,832	845,784		845,784			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	7,378,499	915,916	6,523,821	14,818,236		14,818,236	(634,157)	14,184,079			45

\*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

**VI. ADJUSTMENT DETAIL** A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

		1	2	3	
	NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1	Day Care	\$		\$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	8,976	10-7		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation	324,329	30-7		9
10	Interest and Other Investment Income	136,332	32-7		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	154,622	27-7		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	CNA Training for Non-Employees				27
28	Yellow Page Advertising				28
29	Other-Attach Schedule <b>REAL ESTATE TAXES</b>	11,067	33-7		29
30	<b>SUBTOTAL (A): (Sum of lines 1-29)</b>	\$ 635,326		\$	30

OHF USE ONLY								
48		49		50		51		52

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1	2	
		Amount	Reference	
31	Non-Paid Workers-Attach Schedule*	\$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	<b>SUBTOTAL (B): (sum of lines 31-35)</b>	\$		36
37	<b>TOTAL ADJUSTMENTS (A) and (B) )</b>	\$ 635,326		37

\*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1	2	3	4	
		Yes	No	Amount	Reference	
38	Medically Necessary Transport.	X		\$ 11,832	14-3	38
39						39
40	Gift and Coffee Shops					40
41	Barber and Beauty Shops					41
42	Laboratory and Radiology					42
43	Prescription Drugs					43
44	Exceptional Care Program					44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	<b>TOTAL (C): (sum of lines 38-46)</b>			\$ 11,832		47

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference
1		\$	1
2			2
3			3
4			4
5			5
6			6
7			7
8			8
9			9
10			10
11			11
12			12
13			13
14			14
15			15
16			16
17			17
18			18
19			19
20			20
21			21
22			22
23			23
24			24
25			25
26			26
27			27
28			28
29			29
30			30
31			31
32			32
33			33
34			34
35			35
36			36
37			37
38			38
39			39
40			40
41			41
42			42
43			43
44			44
45			45
46			46
47			47
48			48
49	Total	0	49







VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
		GROUP HOME #1	GODFREY, IL			
		GROUP HOME #2	GODFREY, IL			
		GROUP HOME #3	GODFREY, IL			
		GROUP HOME #4	GODFREY, IL			
		GROUP HOME #5	GODFREY, IL			
		GROUP HOME #6	GODFREY, IL			

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth.

☐

YES

☒

NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1		2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:	
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)		
1	V		\$			\$	\$		1
2	V								2
3	V								3
4	V								4
5	V								5
6	V								6
7	V								7
8	V								8
9	V								9
10	V								10
11	V								11
12	V								12
13	V								13
14	Total		\$			\$	\$ *		14

\* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number BEVERLY FARM FOUNDATION # 0038604 Report Period Beginning: 07/01/2004 Ending: 06/30/2005

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

**NOTE: ALL owners ( even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.**

	1  Name	2  Title	3  Function	4  Ownership Interest	5  Compensation Received From Other Nursing Homes*	6  Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7  Compensation Included in Costs for this Reporting Period**		8  Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1									\$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$		13

\* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

\*\* This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).  
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME  
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number BEVERLY FARM FOUNDATION # 0038604 Report Period Beginning: 07/01/2004 Ending: 6/30/2005

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization GROUP HOMES #1-6  
Street Address \_\_\_\_\_  
City / State / Zip Code GODFREY IL 62035  
Phone Number ( 618 )466-0367  
Fax Number ( )

	1	2	3	4	5	6	7	8	9	
	Schedule V Line Reference	Item	Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	22-3	EMPLOYEE BENEFITS	WAGES	10,000	8	\$ 3,001,715	\$	5,907	\$ 1,773,258	1
2	17-3	SCHOOL REIMBURSEMENT	WAGES	10,000	8	4,062		6,205	2,520	2
3	17-1	ADMINISTRATIVE SALARIES	HOURS	2,080	8	247,730	247,730	1,248	148,638	3
4	21-1	PERSONNEL/ACCOUNTING	HOURS	2,080	8	527,166	527,166	1,248	316,300	4
5	6-1	MAINTENANCE STAFF	HOURS	2,080	8	441,734	441,734	1,248	265,040	5
6	7-3	SECURITY/SAFETY	HOURS	2,080	8	109,362		1,248	65,617	6
7	7-1	SAFETY MANAGER	HOURS	2,080	8	30,420	30,420	1,248	18,252	7
8	7-2	SECURITY SUPPLIES	HOURS	2,080	8	1,040		1,248	624	8
9	6-2	MAINTENANCE SUPPLIES	HOURS	2,080	8	24,661		1,248	14,797	9
10	21-2	OSHA REQUIREMENTS	HOURS	2,080	8	29,708		1,248	17,825	10
11	21-3	CONSULTANTS	HOURS	2,080	8	6,244		1,248	3,746	11
12	23-3	INSERVICE TRAINING	HOURS	2,080	8	15,037		1,248	9,022	12
13	26-3	INSURANCE	HOURS	2,080	8	988,074		1,248	592,844	13
14	19-3	LEGAL & ACCOUNTING	HOURS	2,080	8	303,655		1,248	182,193	14
15	14-1	TRANSPORTATION STAFF	HOURS	2,080	8	99,284	99,284	1,248	59,570	15
16	20-3	DUES/SUBS/ADVERTISING	HOURS	2,080	8	64,441		1,245	38,585	16
17	24-3	TRAVEL/SEMINAR	HOURS	2,080	8	3,787		821	1,496	17
18	36-3	MORTGAGE INSURANCE	HOURS	2,080	8	57,241		1,248	34,345	18
19	32-3	INTEREST	HOURS	2,080	8	736,242		1,248	441,745	19
20	31-3	BOND COSTS AMORT	HOURS	2,080	8	22,726		1,248	13,636	20
21	14-3	GASOLINE & FUEL	HOURS	2,080	8	58,098		1,248	34,859	21
22										22
23										23
24										24
25	TOTALS					\$ 6,772,427	\$ 1,346,334		\$ 4,034,912	25

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE												
A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)												
	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	IL HEALTH FACILITY		X	CONSTRUCTION		07/96	\$	6,450,459	2031	6.6800	\$ 434,155	1
2												2
3												3
4												4
5												5
	Working Capital											
6	MISCELLANEOUS		X	WORKING CAPITAL							7,590	6
7												7
8												8
9	TOTAL Facility Related						\$	6,450,459			\$ 441,745	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						\$				\$	14
15	TOTALS (line 9+line14)						\$	6,450,459			\$ 441,745	15

16) Please indicate the total amount of mortgage insurance expense and the location of this expense on Sch. V.      \$ 34,345      Line # 36-3

\* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.  
(See instructions.)

\*\* If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.  
(See instructions.)

## B. Real Estate Taxes

1. Real Estate Tax accrual used on 2004 report.		<div style="border: 1px solid black; padding: 2px;"> <b>Important</b>, please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report. </div>		\$		1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)				\$	11,067	2
3. Under or (over) accrual (line 2 minus line 1).				\$	11,067	3
4. Real Estate Tax accrual used for 2005 report. (Detail and explain your calculation of this accrual on the lines below.)				\$		4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. <b>(Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)</b>				\$		5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. <b>TOTAL REFUND \$      For      Tax Year. (Attach a copy of the real estate tax appeal board's decision.)</b>				\$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.				\$	11,067	7
Real Estate Tax History:						
Real Estate Tax Bill for Calendar Year:	2000	10,463	8			
	2001	13,506	9			
	2002	10,894	10			
	2003	11,685	11			
	2004	11,067	12			

	<b>FOR OHF USE ONLY</b>		
13	FROM R. E. TAX STATEMENT FOR 2004	\$	13
14	PLUS APPEAL COST FROM LINE 5	\$	14
15	LESS REFUND FROM LINE 6	\$	15
16	AMOUNT TO USE FOR RATE CALCULATION	\$	16

**NOTES:**

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. **This denial must be no more than four years old at the time the cost report is filed.**

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates

RE: 2004 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2004 real estate tax costs, as well as copies of your original real estate tax bills for calendar 2004.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2004 real estate tax bill to the Department of Public Aid, Bureau of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

**Please send these items in with your completed 2005 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed.** If you have any questions,

2004 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME

BEVERLY FARM FOUNDATION

COUNTY

MADISON

FACILITY IDPH LICENSE NUMBER

0038604

CONTACT PERSON REGARDING THIS REPORT

TELEPHONE ( )

FAX #: ( )

A. Summary of Real Estate Tax Costs

Enter the tax index number and real estate tax assessed for 2004 on the lines provided below. Enter only the portion of the cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursing home property which is vacant, rented to other organizations, or used for purposes other than long term care must not be entered in Column D. Do not include cost for any period other than calendar year 2004.

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
6.			\$	\$
7.			\$	\$
8.			\$	\$
9.			\$	\$
10.			\$	\$
		TOTALS	\$	\$

B. Real Estate Tax Cost Allocations

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not directly used for nursing home services?      YES      NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing home (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used)

C. Tax Bills

Attach a copy of the original 2004 tax bills which were listed in Section A to this statement. Be sure to use the 2004 tax bill which is normally paid during 2005

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: \_\_\_\_\_ B. General Construction Type: Exterior **BRICK** Frame **WOOD & STEEL** Number of Stories **ONE**

C. Does the Operating Entity? ☒ (a) Own the Facility ☐ (b) Rent from a Related Organization. ☐ (c) Rent from Completely Unrelated Organization.  
(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.)

D. Does the Operating Entity? ☒ (a) Own the Equipment ☐ (b) Rent equipment from a Related Organization. ☐ (c) Rent equipment from Completely Unrelated Organization.  
(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.)

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, CNA training facilities, etc.)  
List entity name, type of business, square footage, and number of beds/units available (where applicable).

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? ☐ YES ☒ NO  
If so, please complete the following:

1. Total Amount Incurred: \_\_\_\_\_ 2. Number of Years Over Which it is Being Amortized: \_\_\_\_\_  
3. Current Period Amortization: \_\_\_\_\_ 4. Dates Incurred: \_\_\_\_\_

Nature of Costs: \_\_\_\_\_  
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.					
	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	<b>FACILITY</b>	<b>6,701,800</b>	<b>1955</b>	<b>\$ 78,120</b>	<b>1</b>
2	<b>GROUND IMP.</b>		<b>VARIOUS</b>	<b>126,307</b>	<b>2</b>
3	<b>TOTALS</b>	<b>6,701,800</b>		<b>\$ 204,427</b>	<b>3</b>

XI. OWNERSHIP COSTS (continued) B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.											
	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	129		1960	1690	\$ 340,034	\$	40	\$	\$	340,034	4
5	26		1965	1965	166,210	4,157	40	4,157		166,210	5
6	35		1969	1969	309,300	7,732	40	7,732		278,366	6
7	26		1972	1972	277,051	6,926	40	6,926		228,565	7
8	84		1979	1979	628,784	15,720	40	15,720		423,982	8
Improvement Type**											
9	43 BEDS INCLUDED IN LINE 8 YEAR ACQUIRED 1984			1984	1,188,870	29,722	40	29,722		609,498	9
10	BUILDING ADDITIONS			1968	416,642	10,998	40	10,998		369,026	10
11	BUILDING IMPROVEMENTS			1973	1,958	48	40	48		1,513	11
12	BUILDING ADDITIONS			1974	62,866	1,571	40	1,571		48,725	12
13	BUILDING IMPROVEMENTS			1977	6,665	166	40	166		4,669	13
14	BUILDING IMPROVEMENTS			1978	29,299	731	40	731		19,757	14
15	BUILDING IMPROVEMENTS			1979	3,697	92	40	92		2,392	15
16	BUILDING IMPROVEMENTS			1980	178,379	4,458	40	4,458		111,468	16
17	BUILDING IMPROVEMENTS			1981	31,403		10			31,403	17
18	BUILDING IMPROVEMENTS			1982	9,517		10			9,517	18
19	BUILDING IMPROVEMENTS			1981	95,850	2,396	40	2,396		56,281	19
20	BUILDING IMPROVEMENTS			1982	11,260	282	40	282		6,627	20
21	CERAMIC FLOOR			1982	1,282	32	40	32		705	21
22	SIDEWALK			1983	23,174		10			23,174	22
23	SEWER			1983	72,357	2,412	30	2,412		53,063	23
24	SERVICE ROAD			1983	35,016		15			35,016	24
25	BUILDING IMPROVEMENTS			1984	24,029	601	40	601		12,909	25
26	BUILDING IMPROVEMENTS			1983	21,405	535	40	535		11,504	26
27											27
28	SIDEWALK			1984	15,477		10			15,477	28
29	ENTRANCE SIGNS			1985	1,770		12			1,770	29
30	DRAINAGE SWAIL			1984	18,096		15			18,096	30
31	ROAD REPAIRS			1985	1,670		15			1,670	31
32	ELECTRICAL SYSTEM			1985	20,407	504	20	504		20,407	32
33	BUILDING IMPROVEMENTS			1985	10,135	253	40	253		5,200	33
34	BUILDING IMPROVEMENTS			1985	7,675	191	40	191		3,928	34
35	BUILDING IMPROVEMENTS			1986	1,107	27	40	27		539	35
36	BUILDING IMPROVEMENTS			1986	46,643	1,166	40	1,166		22,722	36

\*Total beds on this schedule must agree with page 2.  
 \*\*Improvement type must be detailed in order for the cost report to be considered complete.

See Page 12A, Line 70 for total



XI. OWNERSHIP COSTS (continued)									
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
	1	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
37	BUILDING IMPROVEMENTS	1986	\$ 26,832	\$ 671	40	\$ 671	\$	\$ 13,074	37
38	BUILDING IMPROVEMENTS	1986	36,519	913	40	913		17,788	38
39	BUILDING IMPROVEMENTS	1986	31,221	781	40	781		15,219	39
40	BUILDING IMPROVEMENTS	1986	2,363	59	40	59		1,160	40
41	BUILDING IMPROVEMENTS	1986	4,353	108	40	108		2,109	41
42	AIR CONDITION SYSTEM	1986	591,935		15			591,935	42
43	PLAYGROUND SHELTER	1985	16,220		15			16,220	43
44	SIDEWALKS	1985	9,742		10			9,742	44
45	ROAD PAVING & LOT	1985	41,930		15			41,930	45
46	SEWER & STORM DRAIN	1985	5,422	179	30	179		3,514	46
47	GROUND IMPROVEMENTS	1985	3,117		10			3,117	47
48	SIDEWALKS	1986	15,081		10			15,081	48
49	PARKING LOT	1986	1,838		15			1,838	49
50	BENCHES & FENCES	1986	5,058		15			5,058	50
51	AIR CONDITION SYSTEM	1986	5,000		15			5,000	51
52	BUILDING REMODELING	1986	46,415	1,160	40	1,160		21,477	52
53	BUILDING REMODELING	1986	41,122	1,029	40	1,029		19,025	53
54	BUILDING IMPROVEMENTS	1986	216,453	5,411	40	5,411		100,107	54
55	BOILER	1987	14,533	364	40	364		6,362	55
56	ELECTRIC REWIRE	1987	16,869	845	20	845		14,770	56
57	BUILDING IMPROVEMENTS	1986	2,341	58	40	58		1,506	57
58	BUILDING IMPROVEMENTS	1987	78,723	1,969	40	1,969		34,069	58
59	BUILDING IMPROVEMENTS	1987	8,447	212	40	212		3,594	59
60	SEWER & MANHOLE	1987	830		15			849	60
61	TREE REMOVAL	1987	2,091		15			2,091	61
62	TELEPHONE SYSTEM	1988	4,086	205	20	205		3,375	62
63	BUILDING IMPROVEMENTS	1988	1,810	46	40	46		751	63
64	PARKING LOT	1988	42,125		15			42,125	64
65	SEWER	1988	22,785	757	30	757		12,517	65
66	FENCE	1988	1,147		15			1,147	66
67	BUILDING IMPROVEMENTS	1990	3,527		10			3,527	67
68	SEWER	1990	3,459		10			3,459	68
69	BUILDING IMPROVEMENTS	1991	27,118	677	40	677		9,824	69
70	TOTAL (lines 4 thru 69)		\$ 5,388,540	\$ 106,164		\$ 106,164	\$	\$ 3,957,573	70

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)									
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 5,388,540	\$ 106,164		\$ 106,164	\$	\$ 3,957,573	1
2	SPRINKLER	1991	50,681		10			50,681	2
3	DINING HALL	1991	940,888	23,523	40	23,523		329,316	3
4	SEWER REPAIR	1989	1,904		10			1,904	4
5	PARKING LOT RESURFACING	1989	9,918	327	15	327		9,918	5
6	CLEAN DUMP	1989	4,821		10			4,821	6
7	MANHOLE REPLACEMENT	1991	4,100		10			4,100	7
8	SEWER REPAIRS	1991	1,062		10			1,062	8
9	SEWER REPAIRS	1991	6,513		10			6,513	9
10	DINING HALL	1991	4,625	113	40	113		1,603	10
11	RENOVATIONS-CAMPBELL	1992	4,282	173	25	173		2,408	11
12	SIDEWALKS	1992	10,289		10			10,289	12
13	ROOM ADDITION-CAMPBELL	1992	38,900	1,556	25	1,556		19,452	13
14	WINDOWS-LOGAN	1992	16,450	658	25	658		8,225	14
15	DOORS/WINDOWS/REMODELLING-ALL 10 COTTAGES	1993	1,422,666	56,907	25	56,907		710,168	15
16	SEWER LINE/ROADWORK/PAVILION	1993	21,585	236	10 \ 15	236		21,585	16
17	NEW ROOF/CONCRETE WORK	1994	43,633	2,909	15	2,909		33,453	17
18	REMODELED BEVERLY, SMITH & STAHL BLDGS	1993	567,401	22,695	25	22,695		260,998	18
19	FURNACE/AIR CONDITIONER/SPRINKLER	1994	13,403	535	25	535		6,159	19
20	ROAD & LOT WORK	1994	21,688	1,446	15	1,446		16,628	20
21	FLOW METER	1994	5,755	383	15	383		4,408	21
22	SIDEWALD & DRAINAGE WORK	1995	10,534		10			10,534	22
23	CABINETS	1995	5,460	364	15	364		3,822	23
24	GAZEBO	1995	8,490	566	15	566		5,943	24
25	WINDOWS	1995	41,000	1,640	25	1,640		17,220	25
26	PARKING LOT REPAIRS/SPRINKLER/FIRE ALARM	1994	1,272	51	25	51		535	26
27	ROAD WORK	1994	76,071	5,072	15	5,072		53,253	27
28	SEWER & GAS LINES	1995	12,104	597	10	597		12,104	28
29	AIRCOND./FLOORING/CEILING REPAIR/PAVILION	1996	26,015	1,041	25	1,041		9,888	29
30	KITCHEN AT LOGAN	1996	7,494	500	15	500		4,749	30
31	PARKING LOT & ROAD	1996	164,403	16,440	10	16,440		156,181	31
32	PATIO & SIDEWALK	1996	13,517	1,352	10	1,352		12,843	32
33	GAS & WATER LINES EVANS HALL	1996	1,347	134	10	134		1,275	33
34	TOTAL (lines 1 thru 33)		\$ 8,946,811	\$ 245,382		\$ 245,382	\$	\$ 5,749,611	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)									
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 8,946,811	\$ 245,382		\$ 245,382	\$	\$ 5,749,611	1
2	WINDOWS	1998	11,490	766	15	766		6,511	2
3	PORCH - CHAPPE	1998	4,110	206	20	206		1,750	3
4	LIGHTING/ROOF DRAINS/DIETARY REPAIRS	1998	11,782	786	15	786		6,680	4
5	PARKING LOT	1997	78,536	7,854	10	7,854		66,758	5
6	SIDEWALK	1997	11,311	452	25	452		3,843	6
7	SEWER REPAIR	1997	4,232	423	10	423		3,596	7
8	LANDSCAPING	1997	9,668		5			9,668	8
9	SIDEWALKS	1997	4,125	413	10	413		3,509	9
10	PARKING LOT	1997	3,876	388	10	388		3,297	10
11	ADMINISTRATION BUILDING	1997	667,309	16,683	40	16,683		141,805	11
12	SECURITY OFFICE	1997	3,399	340	10	340		2,550	12
13	CARPET/LINOLEUM/LAVATORY/SUNROOM	1997	21,007	1,401	15	1,401		10,507	13
14	ROOFS-HERRING & DONNELLY	1997	55,560	3,704	15	3,704		27,780	14
15	CABINETS - DONNELLY	1998	10,638	709	15	709		5,318	15
16	ROOF- LAUNDRY	1998	20,652	1,377	15	1,377		10,327	16
17	ROOF REPAIR DONNELLY/NEW DOORS/FURNACE	1997	16,030	1,069	15	1,069		8,017	17
18	HARDWARE - ADMINISTRATION BLDG	1997	6,556	656	15	656		4,591	18
19	SECURITY SYSTEM - ADMINISTRATION BLDG	1997	2,046	205	10	205		1,434	19
20	PARKING LOT/SIDEWALKS/SEWER REPAIR/FENCE	1998	65,738	6,001	10	6,001		46,155	20
21	WINDOWS/ROOF REPAIRS/DOORS	1999	96,828	3,873	25	3,873		25,175	21
22	WINDOWS - LAUNDRY	1999	6,670	267	25	267		1,735	22
23	DOORS - MAINTENANCE	1999	13,314	1,331	10	1,331		8,652	23
24	WINDOWS-NURSING	1998	6,182	247	25	247		1,605	24
25	FENCE - LAGOON	1999	6,734	449	15	449		2,918	25
26	ROAD REPAIR	1999	6,667	667	10	667		4,335	26
27	WATER LINE REPAIR ADMIN	1999	564	56	10	56		364	27
28	SIDEWALKS	1999	22,706	2,271	10	2,271		14,761	28
29	PATIO - DONNELLY	1999	1,020	102	10	102		663	29
30	WINDOWS - CAMPBELL	1993	440	18	25	18		223	30
31	PARKING LOT REPARIS/SPRINKLER/FIRE ALARM	1994	9,528	381	25	381		4,001	31
32	ROOF-CAMP BEVERLY	2000	1,350	67	20	67		302	32
33	BEVERLY COTTAGE-SIDING,GUTTERS, FASCIA	2000	8,636	432	20	432		2,376	33
34	TOTAL (lines 1 thru 33)		\$ 10,135,515	\$ 298,976		\$ 298,976	\$	\$ 6,180,817	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12C, Carried Forward		\$ 10,135,515	\$ 298,976		\$ 298,976	\$	\$ 6,180,817	1
2	CARRIAGE HOUSE-WINDOWS	2000	586	23	25	23		127	2
3	CHAPPE-ROOF	1999	615	31	20	31		170	3
4	DIETARY-DOOR	1999	3,262	326	10	326		1,793	4
5	DONNELLY-DOORS	2000	6,927	693	10	693		3,811	5
6	EVANS-SIDING & GUTTERS	1999	10,527	527	20	527		2,898	6
7	FUNDRAISING-SIDING & GUTTERS	1999	2,125	106	20	106		583	7
8	GARAGE-WINDOW	1999	909	36	25	36		198	8
9	MAIN CAMPUS GAS LINE	1999	10,235	512	20	512		2,816	9
10	HERRING-SIDING & GUTTERS	1999	5,788	289	20	289		1,590	10
11	HERRING-DOOR	2000	2,857	286	10	286		1,573	11
12	HILLIER-ROOF	2000	34,732	1,737	20	1,737		9,553	12
13	HILLIER-SPRINKLER & FLOORING	1999	12,663	633	20	633		3,482	13
14	HOUSEKEEPING-SOFFIT & GUTTERS	1999	925	46	20	46		253	14
15	LAUNDRY-DOOR,SIDING & SOFFIT	1999	2,586	129	20	129		710	15
16	LAVENTHAL-DOOR,SIDING & SOFFIT	1999	5,972	299	20	299		1,644	16
17	LOGAN-DOOR,SOFFIT,FLOORING	1999	18,805	940	20	940		5,170	17
18	OLD HERRING-SIDING	1999	1,172	59	20	59		324	18
19	SMITH-DOOR,SIDING & FASCIA	1999	9,851	493	20	493		2,711	19
20	STAHL-SIDING,SOFFIT & FLOORING	2000	14,075	704	20	704		3,872	20
21	SUPPLY-SIDING & SOFFIT	1999	3,806	190	20	190		1,045	21
22	GAS PIPELINE	1999	4,000	400	10	400		2,200	22
23	TAR/CHIP ROADS	1999	12,403	1,240	10	1,240		6,820	23
24	GASOLINE TANK	1999	2,788	279	10	279		1,534	24
25	ASPHALT WORK	1999	74,611	7,461	10	7,461		41,036	25
26	WATERLINES	1999	23,855	2,385	10	2,385		13,118	26
27	CHAPPEE-SIDEWALK	1999	1,515	151	10	151		831	27
28	FENCE ABOVE LPG VAPOR TANK	2000	4,200	280	15	280		1,540	28
29	HERRING-PARKING LOT	1999	3,493	349	10	349		1,920	29
30	HILLIER-SIDEWALK	1999	3,466	347	10	347		1,908	30
31	LOGAN-PATIO	1999	10,258	1,026	10	1,026		5,643	31
32	GROUND COVER FOR SWING SET	1999	5,962	596	10	596		3,278	32
33	OLD HERRING-ELECTRIC	2000	2,579	258	10	258		1,419	33
34	TOTAL (lines 1 thru 33)		\$ 10,433,063	\$ 321,807		\$ 321,807	\$	\$ 6,306,387	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)									
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12D, Carried Forward		\$ 10,433,063	\$ 321,807		\$ 321,807	\$	\$ 6,306,387	1
2	SMITH SIDEWALK	1999	1,063	106	10	106		583	2
3	TREE REMOVAL	2000	875	87	5	87		875	3
4	BEVERLY - SPRINKLER	2001	1,049	105	10	105		472	4
5	BEVERLY - WATER HEATER	2000	1,170	117	10	117		527	5
6	BEVERLY - FLOOR/DOOR	2000	5,073	507	10	507		2,282	6
7	CARIAGE HSE-GUTTERS	2000	5,115	256	20	256		1,152	7
8	CHAPPEE-A/C; FLOORS	2000	14,128	1,413	10	1,413		6,358	8
9	CROSS COTTAGE-SIDING	2000	1,945	97	20	97		437	9
10									10
11	DIETARY-DOOR	2000	1,685	169	10	169		760	11
12	DONNELLY-DOORS	2000	5,249	525	10	525		2,362	12
13	EVANS-A/C	2001	2,081	208	10	208		936	13
14	EVANS-WINDOWS/DOORS	2000	6,196	248	25	248		1,116	14
15	LAVENTHAL-FIRE ALARM	2000	12,000	1,200	10	1,200		5,400	15
16	SMALL GARAGE DOOR	2000	3,000	200	15	200		900	16
17	HERRING-FRP WALLS	2000	864	58	15	58		261	17
18	HILLIER-SPRINKLER REP	2001	5,862	586	10	586		2,637	18
19	HILLIER-NEW WINDOWS	2000	11,361	454	25	454		2,043	19
20	HILLIER-DOOR/FLOORING	2001	8,040	804	10	804		3,618	20
21	LAUNDRY-CHIMNEY/DOOR	2000	10,074	1,007	10	1,007		4,532	21
22	LAVENTHAL-SPRINKLER	2001	7,501	750	10	750		3,375	22
23	LOGAN-DOOR/SPRINKLER	2001	5,261	526	10	526		2,367	23
24	LOGAN-FIRE ALARM	2000	10,350	1,035	10	1,035		4,658	24
25	OLD HERRING-WINDOWS	2000	5,535	221	25	221		995	25
26	SEWING-STEEL DOORS	2000	2,281	228	10	228		1,026	26
27	SMITH-DOOR	2001	1,070	107	10	107		482	27
28	STAHL-DOOR/FLOORING	2001	6,934	693	10	693		3,119	28
29									29
30	DRAINAGE DITCH	2001	9,170	917	10	917		4,127	30
31	CABIN ROAD REPAIR	2000	26,843	2,684	10	2,684		12,078	31
32	MAIN CAMPUS-SIDEWALK	2000	28,716	2,872	10	2,872		12,924	32
33	HERRING PARKING LOT	2000	12,341	1,234	10	1,234		5,553	33
34	TOTAL (lines 1 thru 33)		\$ 10,645,895	\$ 341,221		\$ 341,221	\$	\$ 6,394,342	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12E, Carried Forward		\$ 10,645,895	\$ 341,221		\$ 341,221	\$	\$ 6,394,342	1
2	ROAD IMPROVEMENTS	2000	106,706	10,671	10	10,671		48,019	2
3	SRS BLDG-SITE PREP	2001	936	94	10	94		423	3
4	STORM SEWER REPAIR	2000	2,600	260	10	260		1,170	4
5	WIDEN ROAD	2000	2,650	265	10	265		1,193	5
6									6
7	OIL & CHIP ROADS	2001	12,362	1,236	10	1,236		4,326	7
8	ROAD REPAIRS	2001	83,835	8,384	10	8,384		29,344	8
9	SIDEWALKS	2001	12,977	1,298	10	1,298		4,543	9
10	BEVERLY - DOORS/JAMBS	2001	919	92	10	92		322	10
11	CHAPPEE - DOORS	2001	1,721	172	10	172		602	11
12	DIETARY - DOORS	2001	506	51	10	51		178	12
13	DONNELLEY - FIRE ALARM	2002	12,390	1,543	10	1,543		5,552	13
14	EVANS - FIRE ALARM	2002	11,667	1,167	10	1,167		4,084	14
15	HERRING - FIRE ALARM	2002	11,666	1,167	10	1,167		4,084	15
16	HERRING - DOORS	2001	2,680	268	10	268		938	16
17	HILLIER - SPRINKLER	2001	786	79	10	79		276	17
18	HOUSEKEEPING - DOOR	2001	846	85	10	85		297	18
19	COTTAGES - SPRINKLER	2001	8,195	820	10	820		2,870	19
20	BATHROOM DOORS	2001	4,601	460	10	460		1,610	20
21	MAINTENANCE - GUTTERS & ROOF	2001	6,256	313	20	313		1,095	21
22	MAINTENANCE - GARAGE DOORS	2001	679	68	10	68		238	22
23	MAINTENANCE - SHED DOORS	2001	1,492	149	10	149		522	23
24	SEWING - WINDOWS	2001	3,926	157	25	157		550	24
25									25
26	AIR COND REPAIRS - ALL COTTAGES	2003	10,066	1,007	10	1,007		2,517	26
27	DIGITAL THERMOMETERS - ALL COTTAGES	2003	9,450	945	10	945		2,363	27
28	FLOOR TILE - CHAPPEE	2002	3,299	330	10	330		825	28
29	SPRINKLER - DIETARY	2002	5,600	560	10	560		1,400	29
30	FLOORING - DONNELLEY	2003	2,196	220	10	220		550	30
31	SPRINKLER - HILLIER	2003	4,990	499	10	499		1,248	31
32	GENERATOR REPAIR - HILLIER	2002	2,466	164	15	164		410	32
33	BOILER REPAIR - LOGAN	2002	2,865	191	15	191		478	33
34	TOTAL (lines 1 thru 33)		\$ 10,977,223	\$ 373,936		\$ 373,936	\$	\$ 6,516,369	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)									
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12F, Carried Forward		\$ 10,977,223	\$ 373,936		\$ 373,936	\$	\$ 6,516,369	1
2	VINYL FLOORING - LOGAN	2003	696	70	10	70		175	2
3	DOOR - MAINTENANCE SHED	2002	1,398	140	10	140		349	3
4	DOOR - SMITH	2003	1,117	112	10	112		279	4
5	BEDROOM FLOOR - STAHL	2003	890	89	10	89		222	5
6	SIDEWALKS - OLD HERRING	2003	2,335	233	10	233		583	6
7	LANDSCAPING - BEVERLY	2002	6,699	670	10	670		1,675	7
8	PARKING LOT - CHAPPEE	2002	4,175	418	10	418		1,045	8
9	SIDEWALKS - MAIN CAMPUS	2002	2,502	250	10	250		625	9
10	SIDEWALKS - LOGAN	2002	740	74	10	74		185	10
11	ROAD REPAIRS - MAIN CAMPUS	2002	41,503	4,150	10	4,150		10,375	11
12	LANDSCAPING - SMITH	2002	1,548	155	10	155		387	12
13									13
14	UV FILTERS ADMIN BLDG	2004	2,000	200	10	200		300	14
15	SEPTIC SYSTEM CABIN	2004	4,600	460	10	460		690	15
16	BOILER - DIETARY	2004	4,122	412	10	412		618	16
17	CEILING TILES - DIETARY	2004	998	100	10	100		150	17
18	STOVE HOOD - DIETARY	2004	2,594	260	10	260		390	18
19	FURNACE - EVANS	2003	3,055	306	10	306		459	19
20	WATER HEATER - EVANS	2003	5,891	589	10	589		883	20
21	FLOORING - EVANS	2003	1,223	122	10	122		183	21
22	SPRINKLER - HERRING	2003	2,745	275	10	275		412	22
23	HANDRAILS - HERRING	2003	4,467	447	10	447		670	23
24	FLOORING - HERRING	2003	2,328	233	10	233		349	24
25	STALL REPAIR - HILLIER	2003	2,444	244	10	244		366	25
26	ROOF/GUTTERS - LAVENTHAL	2003	15,829	1,583	10	1,583		2,111	26
27	NEW DOOR - LAVENTHAL	2003	1,096	110	10	110		165	27
28	LIFE SAFETY CODE EXIT	2004	27,232	2,723	10	2,723		4,085	28
29	CABINETS - LOGAN	2004	5,187	519	10	519		778	29
30	FLOORING - LOGAN	2003	4,815	482	10	482		723	30
31	SHUTTERS - LOGAN	2003	558	56	10	56		84	31
32	DOORS - MAINTENANCE	2004	1,786	179	10	179		268	32
33	SEWER BACKFLOW	2004	958	96	10	96		144	33
34	TOTAL (lines 1 thru 33)		\$ 11,134,754	\$ 389,693		\$ 389,693	\$	\$ 6,546,097	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12G, Carried Forward		\$ 11,134,754	\$ 389,693		\$ 389,693	\$	\$ 6,546,097	1
2	A/C & HEATING MAINT.	2003	911	91	10	91		137	2
3	TOILET STOOLS - ALL	2003	1,192	119	10	119		179	3
4	FRP - ALL	2003	1,555	156	10	156		234	4
5	SPRINKLER REPAIR - ALL	2003	3,351	335	10	335		502	5
6	REPLACE GARAGE DOORS	2004	1,005	101	10	101		151	6
7	FIRE HYDRANTS	2004	1,440	144	10	144		216	7
8	CIRCUIT UPGRADES - ALL	2004	8,690	869	10	869		1,303	8
9	SMOKE DETECTORS - ALL	2003	6,749	675	10	675		1,012	9
10	SPRINKLER - SMITH	2004	2,417	242	10	242		363	10
11	CLOSET - STAHL	2004	980	98	10	98		147	11
12	NEW ROOF - STAHL	2003	15,978	1,598	15	1,598		2,131	12
13	SIDEWALKS - CHAPPEE	2003	531	53	10	53		80	13
14	MAIN CAMPUS ROAD	2003	53,628	5,363	10	5,363		8,044	14
15	SIDEWALKS - DONNELLEY	2004	690	69	10	69		104	15
16	DRAIN PIPE	2003	1,569	157	10	157		235	16
17	SIDEWALKS - MAIN CAMPUS	2003	8,404	840	10	840		1,260	17
18	LAGOON DRAINAGE	2004	800	80	5	80		160	18
19	SPRINKLER MAINTENANCE	2003	7,244	724	10	724		1,086	19
20	SIDEWALK - STAHL	2004	920	92	10	92		138	20
21									21
22	CABINETS - LOGAN	2004	2,039	102	10	102		102	22
23	BEVERLY BACK ENTRANCE	2004	3,160	63	25	63		63	23
24	DRY PIPE SYSTEM - HILLIER	2004	1,046	52	10	52		52	24
25	CONDENSORS/COILS - MAIN CAMPUS	2004	5,406	270	10	270		270	25
26	DRYWALL MECHANICAL ROOM - DIETARY	2004	21,480	430	25	430		430	26
27	FIRE SAFETY UPGRADES - MAIN CAMPUS	2005	69,085	3,454	10	3,454		3,454	27
28	HANDRAILS/DOORS/FLOORS	2004	22,588	1,075	10	1,075		1,075	28
29	SAFETY EQUIPMENT INSPECTIONS	2004	7,542	377	10	377		377	29
30	ROOF - SUPPLY BUILDING	2005	4,200	84	25	84		84	30
31	OPTICAL CABLE/PHONE LINE - MAIN CAMPUS	2005	31,706	1,585	10	1,585		1,585	31
32	TERMITE CONTROL SYSTEM	2005	1,357	68	10	68		68	32
33	WATERLINE - LOGAN	2005	14,684	734	10	734		734	33
34	TOTAL (lines 1 thru 33)		\$ 11,437,101	\$ 409,793		\$ 409,793	\$	\$ 6,571,873	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.



XI. OWNERSHIP COSTS (continued)									
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 12H, Carried Forward		\$ 11,437,101	\$ 409,793		\$ 409,793	\$	\$ 6,571,873	1
2	FUEL/GAS PUMP AREA IMPROVEMENTS	2004	57,355	2,868	10	2,868		2,868	2
3	SIDEWALKS	2004	6,892	345	10	345		345	3
4	GAS LINE REPLACEMENTS	2005	22,925	1,146	10	1,146		1,146	4
5	LAGOON DRAINAGE	2005	3,216	322	5	322		322	5
6	ADMIN BLDG TILE FLOOR	2005	752	38	10	38		38	6
7	ASSETS NOT YET IN SERVICE	2005	11,720		10				7
8	TRAINING BUILDING ALLOCATION	1998	17,777	1,169	15	1,169		8,159	8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 11,557,738	\$ 415,681		\$ 415,681	\$	\$ 6,584,751	34

\*\*Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 1,214,085	\$ 132,569	\$ 132,569	\$		\$ 645,763	71
72	Current Year Purchases	286,443	13,781	13,781			13,781	72
73	Fully Depreciated Assets	2,355,489					2,355,489	73
74								74
75	TOTALS	\$ 3,856,017	\$ 146,350	\$ 146,350	\$		\$ 3,015,033	75

D. Vehicle Depreciation (See instructions.)\*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	SEE ATTACHED SCHEDULE			\$ 434,624	\$ 43,609	\$ 43,609	\$		\$ 218,040	76
77										77
78										78
79										79
80	TOTALS			\$ 434,624	\$ 43,609	\$ 43,609	\$		\$ 218,040	80

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
81	Total Historical Cost	(line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 16,052,806	81
82	Current Book Depreciation	(line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 605,640	82
83	Straight Line Depreciation	(line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 605,640	83
84	Adjustments	(line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$	84
85	Accumulated Depreciation	(line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 9,817,824	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87	SEE ATTACHED SCHEDULE	10,059,632	323,160	3,962,403	87
88					88
89					89
90					90
91	TOTALS	\$ 10,059,632	\$ 323,160	\$ 3,962,403	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

\* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

\*\* This must agree with Schedule V line 30, column 8.

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease:
2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
- If NO, see instructions.
- YES
- NO

		1 Year Constructed	2 Number of Beds	3 Original Lease Date	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				\$			3
4	Additions							4
5								5
6								6
7	TOTAL				\$			7

8. List separately any amortization of lease expense included on page 4, line 34.
- This amount was calculated by dividing the total amount to be amortized
- by the length of the lease
- 
- 

9. Option to Buy:
- YES
- NO
- Terms:
- \*

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental?
16. Rental Amount for movable equipment: \$
- Description:
- YES
- NO
- (Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17			\$	\$	17
18					18
19					19
20					20
21	TOTAL		\$	\$	21

10. Effective dates of current rental agreement:
- Beginning
- Ending
11. Rent to be paid in future years under the current rental agreement:
- Fiscal Year Ending
- Annual Rent
12. /2006 \$
13. /2007 \$
14. /2008 \$

\* If there is an option to buy the building, please provide complete details on attached schedule.

\*\* This amount plus any amortization of lease expense must agree with page 4, line 34.

A. TYPE OF TRAINING PROGRAM (If CNAs are trained in another facility program, attach a schedule listing the facility name, address and cost per CNA trained in that facility.)

1. HAVE YOU TRAINED CNAs DURING THIS REPORT PERIOD?

☒ YES

☐ NO

2. CLASSROOM PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

COMMUNITY COLLEGE

HOURS PER CNA

☒

64

3. CLINICAL PORTION:

IN-HOUSE PROGRAM

IN OTHER FACILITY

HOURS PER CNA

☒

80

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

B. EXPENSES

ALLOCATION OF COSTS (d)

		1		2		3	4
		Facility					
		Drop-outs	Completed	Contract		Total	
1	Community College Tuition	\$	\$	\$		\$	
2	Books and Supplies	1,725	4,100			5,825	
3	Classroom Wages (a)	22,151	75,046			97,197	
4	Clinical Wages (b)		93,808			93,808	
5	In-House Trainer Wages (c)	4,753	11,333			16,086	
6	Transportation						
7	Contractual Payments						
8	CNA Competency Tests						
9	TOTALS	\$ 28,629	\$ 184,287	\$		\$ 212,916	
10	SUM OF line 9, col. 1 and 2 (e)	\$ 212,916					

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
- (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
- (c) For in-house training programs only. Do not include fringe benefits.
- (d) Allocate based on if the CNA is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own CNAs.
- (e) The total amount of Drop-out and Completed Costs for your own CNAs must agree with Sch. V, line 13, col. 8.
- (f) Attach a schedule of the facility names and addresses of those facilities for which you trained CNAs.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training CNAs from other facilities.

\$

D. NUMBER OF CNAs TRAINED

COMPLETED	
1. From this facility	164
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	69
2. From other facilities (f)	
TOTAL TRAINED	233

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
			Units of Service	Cost	Units	Cost				
1	Licensed Occupational Therapist		hrs	\$		\$	\$			1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care	39-3	visits		200	64,964		200	64,964	5
6	Dental Care	39-1/39-3/39-2	visits	25,969	127	17,595	2,849	127	46,413	6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescripts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			\$ 25,969	327	\$ 82,559	\$ 2,849	327	\$ 111,377	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as CNAs, who help with the above activities should not be listed on this schedule.

This report must be completed even if financial statements are attached.				
		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$4,359,716	\$	1
2	Cash-Patient Deposits	77,792		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance34,437 )	3,340,525		3
4	Supply Inventory (priced atCOST )	65,451		4
5	Short-Term Investments	2,207,795		5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	326,751		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): PLEDGES RECEIVABLE	14,733		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$10,392,763	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	881,586		12
13	Land	1,921,041		13
14	Buildings, at Historical Cost	18,179,848		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	6,011,548		16
17	Accumulated Depreciation (book methods)	(13,780,264)		17
18	Deferred Charges	593,280		18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):	334		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$13,807,373	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$24,200,136	\$	25

	C. Current Liabilities	1	2	
		Operating	After Consolidation*	
26	Accounts Payable	\$472,899	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	77,792		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	638,533		30
31	Accrued Taxes Payable (excluding real estate taxes)			31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	OTHER ACCRUED LIABILITIES	204,254		36
37				37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$1,393,478	\$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable	10,750,766		41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$10,750,766	\$	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$12,144,244	\$	46
47	TOTAL EQUITY(page 18, line 24)	\$12,055,892	\$	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$24,200,136	\$	48

\*(See instructions.)

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 13,011,617	1
2	Restatements (describe):		2
3	PRIOR YEAR(S) MISSTATEMENTS (DT A/R RELATED)	(279,483)	3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 12,732,134	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	(2,034,080)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) SEE ATTACHED	1,357,838	15
16	Other (describe)		16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (676,242)	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 12,055,892	24 *

\* This must agree with page 17, line 47.

Facility Name & ID Number **BEVERLY FARM FOUNDATION** # **0038604** Report Period Beginning: **07/01/2004** Ending: **06/30/2005**

**XVII. INCOME STATEMENT** (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.  
**Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.**

1			
	Revenue	Amount	
	<b>A. Inpatient Care</b>		
1	Gross Revenue -- All Levels of Care	\$ 11,863,771	1
2	Discounts and Allowances for all Levels	( )	2
3	<b>SUBTOTAL Inpatient Care (line 1 minus line 2)</b>	\$ 11,863,771	3
	<b>B. Ancillary Revenue</b>		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy		6
7	Oxygen		7
8	<b>SUBTOTAL Ancillary Revenue (lines 4 thru 7)</b>	\$	8
	<b>C. Other Operating Revenue</b>		
9	Payments for Education		9
10	Other Government Grants		10
11	CNA Training Reimbursements		11
12	Gift and Coffee Shop		12
13	Barber and Beauty Care		13
14	Non-Patient Meals		14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	<b>SUBTOTAL Other Operating Revenue (lines 9 thru 22)</b>	\$	23
	<b>D. Non-Operating Revenue</b>		
24	Contributions	1,231,617	24
25	Interest and Other Investment Income***	136,332	25
26	<b>SUBTOTAL Non-Operating Revenue (lines 24 and 25)</b>	\$ 1,367,949	26
	<b>E. Other Revenue (specify):****</b>		
27	<b>Settlement Income (Insurance, Legal, Etc.)</b>		27
28	SEE ATTACHED	101,655	28
28a			28a
29	<b>SUBTOTAL Other Revenue (lines 27, 28 and 28a)</b>	\$ 101,655	29
30	<b>TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)</b>	\$ 13,333,375	30

2			
	Expenses	Amount	
	<b>A. Operating Expenses</b>		
31	General Services	3,582,654	31
32	Health Care	5,521,997	32
33	General Administration	3,422,840	33
	<b>B. Capital Expense</b>		
34	Ownership	1,456,793	34
	<b>C. Ancillary Expense</b>		
35	Special Cost Centers	111,376	35
36	Provider Participation Fee	722,576	36
	<b>D. Other Expenses (specify):</b>		
37	LOSS ON DISPOSITION OF FIXED ASSETS	549,219	37
38			38
39			39
40	<b>TOTAL EXPENSES (sum of lines 31 thru 39)*</b>	\$ 15,367,455	40
41	<b>Income before Income Taxes (line 30 minus line 40)**</b>	(2,034,080)	41
42	<b>Income Taxes</b>		42
43	<b>NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)</b>	\$ (2,034,080)	43

\* This must agree with page 4, line 45, column 4.

\*\* Does this agree with taxable income (loss) per Federal Income Tax Return?                      If not, please attach a reconciliation.

\*\*\* See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

\*\*\*\*Provide a detailed breakdown of "Other Revenue" on an attached sheet.



XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)							B. CONSULTANT SERVICES				
(This schedule must cover the entire reporting period.)											
		1	2**	3	4			1	2	3	
		# of Hrs. Actually Worked	# of Hrs. Paid and Accrued	Reporting Period Total Salaries, Wages	Average Hourly Wage			Number of Hrs. Paid & Accrued	Total Consultant Cost for Reporting Period	Schedule V Line & Column Reference	
1	Director of Nursing	1,422	1,902	\$ 43,782	\$ 23.02	1					
2	Assistant Director of Nursing					2					
3	Registered Nurses	8,100	8,188	140,308	17.14	3					
4	Licensed Practical Nurses	25,984	27,370	420,110	15.35	4					
5	CNAs & Orderlies	416,240	442,088	3,422,634	7.74	5					
6	CNA Trainees					6					
7	Licensed Therapist	5,770	6,140	110,563	18.01	7					
8	Rehab/Therapy Aides					8					
9	Activity Director					9					
10	Activity Assistants	6,559	7,274	70,171	9.65	10					
11	Social Service Workers					11					
12	Dietician					12					
13	Food Service Supervisor					13					
14	Head Cook					14					
15	Cook Helpers/Assistants	89,058	99,463	850,779	8.55	15					
16	Dishwashers					16					
17	Maintenance Workers	20,829	23,390	265,040	11.33	17					
18	Housekeepers	100,490	100,490	747,646	7.44	18					
19	Laundry					19					
20	Administrator	1,248	1,248	54,137	43.38	20					
21	Assistant Administrator	1,152	1,248	37,386	29.96	21					
22	Other Administrative	3,460	3,769	65,717	17.44	22					
23	Office Manager					23					
24	Clerical	25,640	28,703	333,477	11.62	24					
25	Vocational Instruction	6,841	7,824	105,658	13.50	25					
26	Academic Instruction					26					
27	Medical Director					27					
28	Qualified MR Prof. (QMRP)	13,222	13,849	184,185	13.30	28					
29	Resident Services Coordinator					29					
30	Habilitation Aides (DD Homes)					30					
31	Medical Records	1,864	2,190	26,509	12.10	31					
32	Other Health Care(specify)					32					
33	Other(specify) SEE SCHEDULE	30,918	34,445	500,397	14.53	33					
34	TOTAL (lines 1 - 33)	758,797	809,581	\$ 7,378,499 *	\$ 9.11	34					

35	Dietary Consultant	549	\$ 24,175	1-3	35
36	Medical Director				36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant				39
40	Physical Therapy Consultant	58	3,588	10A-3	40
41	Occupational Therapy Consultant	114	7,975	10A-3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant	44	1,076	10A-2	43
44	Activity Consultant				44
45	Social Service Consultant	36	900	12-3	45
46	Other(specify)				46
47	PSYCHOLOGIST CONSULT	276	13,800	11-3	47
48					48
49	TOTAL (lines 35 - 48)	1,077	\$ 51,514		49

\* This total must agree with page 4, column 1, line 45.

\*\* See instructions.





XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? YES  
If YES, give association name and amount. ILLINOIS HEALTH CARE \$9,943
- (3) Did the nursing home make political contributions or payments to a political action organization? YES If YES, have these costs been properly adjusted out of the cost report? YES
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? \_\_\_\_\_
- (5) Have you properly capitalized all major repairs and equipment purchases? YES  
What was the average life used for new equipment added during this period? 10 YEARS
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 49,340 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO  
If YES, give effective date of lease. \_\_\_\_\_
- (9) Are you presently operating under a sublease agreement? \_\_\_\_\_ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES \_\_\_\_\_ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.  
\_\_\_\_\_
- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department during this cost report period. \$ 722,576  
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.

- (13) Have costs for all supplies and services which are of the type that can be billed to the Department, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.
- (15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. \$ 0 Has any meal income been offset against related costs? YES Indicate the amount. \$ 8,976
- (16) Travel and Transportation  
a. Are there costs included for out-of-state travel? NO  
If YES, attach a complete explanation.  
b. Do you have a separate contract with the Department to provide medical transportation for residents? YES If YES, please indicate the amount of income earned from such a program during this reporting period. \$ 8,612  
c. What percent of all travel expense relates to transportation of nurses and patients? 34%  
d. Have vehicle usage logs been maintained? YES  
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES  
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES  
g. Does the facility transport residents to and from day training? YES  
Indicate the amount of income earned from providing such transportation during this reporting period. \$ 0
- (17) Has an audit been performed by an independent certified public accounting firm? YES  
Firm Name: SCHEFFEL & COMPANY PC The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? YES If no, please explain. \_\_\_\_\_
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? YES  
Attach invoices and a summary of services for all architect and appraisal fees.

BEVERLY FARM FOUNDATION #0038604  
PAGE 10, SCHEDULE IX - REAL ESTATE TAXES  
JUNE 30, 2005

REAL ESTATE TAXES ON PAGE 10 OF THE COST REPORT ARE ON LAND HELD  
FOR INVESTMENT PURPOSES.

BEVERLY FARM FOUNDATION #0038604  
INCOME RECEIVED BY BROAD CATEGORY NOT LISTED ON P. 19  
JUNE 30, 2005

DAY TRAINING	\$ 4,542,086
APARTMENTS & INCIDENTALS	594,257
GROUP HOMES	3,947,046
GIFT SHOP	47,272
GREENHOUSE	173
	<u>\$ 9,130,834</u>

EXPENSES INCURRED BY BROAD CATEGORY  
NOT LISTED IN THIS COST REPORT

DAY TRAINING	\$ 3,664,387
APARTMENTS	404,444
GROUP HOMES	3,646,602
GIFT SHOP	47,272
GREENHOUSE	10,291
	<u>\$ 7,772,996</u>

NET INCOME (Page 18, Schedule XVI, Line 15)	<u>\$ 1,357,838</u>
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BEVERLY FARM FOUNDATION #0038604  
PAGE 20, SCHEDULE XVIII, LINE 33  
JUNE 30, 2005

SERVICE	1	2	3	4
	HRS. WORKED	HRS. PAID	WAGES	HOURLY WAGE
PHYSICAL THERAPY	9,197	10,569	\$ 130,401	12.34
SOCIAL WORKER	6,515	7,431	122,516	16.49
SPEECH THERAPY	1,996	2,076	48,193	23.21
SAFETY/RISK MANAGER	960	1,014	18,252	18.00
DENTAL ASSISTANT	1,650	2,110	25,969	12.31
TRANSPORTATION	6,724	7,059	59,570	8.44
DEVELOPMENT DIRECTOR	3,876	4,186	95,496	22.81
	30,918	34,445	\$ 500,397	

BEVERLY FARM FOUNDATION  
MISCELLANEOUS INCOME, PAGE 19, LINE 28  
JUNE 30, 2005

SODA MACHINE	\$ 8,976
HAB-AIDE REIMBURSEMENT	76,939
IPA TRANSPORTATION REIMBURSEMENT	8,612
FARM INCOME	860
MISCELLANEOUS	<u>6,268</u>
	<u><u>\$101,655</u></u>



BEVERLY FARM FOUNDATION #0038604  
VEHICLE DEPRECIATION - SCHEDULE XI., Section D.  
JUNE 30, 2005

Use	Model, Make, Year	Cost	Current Book Depreciation	Straight Line Depreciation	Accumulated Depreciation
DIETARY	1994 FORD E350 VAN	18,607	-	-	18,607
TRANS	1995 CHEVY VAN	15,119	-	-	15,119
TRANS	1995 CHEVY CORSICA	6,040	-	-	6,040
TRANS	1996 CHEVY G30 VAN	21,762	-	-	21,762
SUPPLY	1996 CHEVY LUMINA	9,496	-	-	9,496
MAINT	1997 FORD PICKUP 4x4	8,483	-	-	8,483
TRANS	1996 CHEVY G30 VAN	8,761	-	-	8,761
TRANS	LIFT ON VAN	3,075	-	-	3,075
TRANS	CAR REPAIRS	2,490	-	-	2,490
MAINT	SPREADER	7,157	-	-	7,157
TRANS	1999 FORD E350 VAN	9,015	-	-	9,015
MAINT	1999 FORD DUMP TRUCK	14,400	-	-	14,400
MAINT	1987 GMC BUCKET TRUCK	5,400	540	540	5,400
TRANS	1999 FORD IDOT VAN	32,326	3,233	3,233	17,779
MAINT	1992 FORD F150 (Yellow)	3,957	791	791	2,770
TRANS	2001 FORD E350 VAN	20,513	2,051	2,051	7,179
TRANS	2001 FORD FOCUS	6,545	1,309	1,309	4,582
TRANS	1989 FORD BUS	4,800	480	480	1,200
TRANS	2002 FORD IDOT VAN	26,612	2,661	2,661	6,653
TRANS	2002 FORD IDOT VAN	26,612	2,661	2,661	6,653
TRANS	1996 CHEVY VAN	14,941	2,988	2,988	4,482
TRANS	CAR REPAIRS	2,362	472	472	708
TRANS	CAR REPAIRS	910	182	182	273
MAINT	1996 FORD RANGER	3,591	718	718	1,077
TRANS	2004 IDOT BUS VAN	52,612	10,522	10,522	15,784
MAINT	2004 F350 TRUCK	15,944	3,189	3,189	4,783
TRANS	1997 FORD E350 VAN	21,903	4,381	4,381	6,571
TRANS	BUS RENOVATIONS	3,106	621	621	932
TRANS	FORD E-350 VAN 15 PASS	16,427	1,643	1,643	1,643
TRANS	FORD E-350 VAN 15 PASS	17,549	1,755	1,755	1,755
SUPPLY	VAN MATS	132	13	13	13
TRANS	2005 GMC SAVANA VAN	16,974	1,697	1,697	1,697
TRANS	2005 GMC SAVANA VAN	17,004	1,700	1,700	1,700
<b>TOTALS:</b>		<b>\$ 434,624</b>	<b>\$ 43,609</b>	<b>\$ 43,609</b>	<b>\$ 218,040</b>

BEVERLY FARM FOUNDATION #0038604  
DEPRECIABLE NON-CARE ASSETS - SCHEDULE XI., Section F.  
JUNE 30, 2005

Description	Cost	Current Book Depreciation	Accumulated Depreciation
DAY TRAINING BUILDING	1,950,639	54,369	700,278
DAY TRAINING EQUIPMENT & VEHICLES	644,537	30,549	533,904
TOMBSTONES	3,186	106	3,186
GROVES B. SMITH BUILDING	1,096,179	28,509	300,606
GROVES B. SMITH EQUIPMENT	108,190	2,164	99,153
ADMINISTRATION BUILDING	112,777	2,930	24,644
ADMINISTRATION EQUIPMENT	14,985	880	10,351
GIFT SHOP EQUIPMENT	4,599	100	4,250
JUDAH SENIORS BUILDING	456,508	13,689	47,365
JUDAH EQUIPMENT	16,677	2,147	7,272
TREIN VOCATIONAL BUILDING	748,214	19,308	161,209
TREIN EQUIPMENT	10,987	1,512	5,603
TRAINING BUILDING	2,963	195	1,360
HARDIN APARTMENTS	814,743	25,485	324,061
HARDIN APARTMENTS EQUIPMENT	194,991	13,504	111,146
GREENHOUSE	336,930	8,893	154,172
ARENA BUILDING	131,673	4,289	43,293
ARENA EQUIPMENT	35,337	887	33,661
HORTICULTURE	115,669	3,430	49,211
GROUP HOMES	2,481,969	70,182	825,138
GROUP HOMES EQUIPMENT	470,105	18,229	413,520
GROUP HOMES VEHICLES	217,312	21,803	109,020
GROUP HOMES LAND	30,000	-	-
OTHER LAND	60,462	-	-
	<u>\$ 10,059,632</u>	<u>\$ 323,160</u>	<u>\$ 3,962,403</u>

BEVERLY FARM FOUNDATION #0038604  
MEETINGS; TRAVEL & SEMINAR; REIMBURSED EXPENSES, ETC.  
JUNE 30, 2005

Description	Amount
TRAINING REPORT PREPARED BY DELORES KAISER - MAIN CAMPUS PORTION (ENCLOSED)	\$ 1,495
DIETARY - MEALS PREPARED FOR ON-GROUNDS COMMITTEE MEETINGS	1,284
MILEAGE	543
SEMINARS & MEETINGS	13,076
REIMBURSEMENTS FOR PARKING, LODGING, & MISC	96
	SCHEDULE V LINE 24-3 <u>\$ 16,494</u>

BEVERLY FARM FOUNDATION #0038604  
INSERVICE TRAINING  
JUNE 30, 2005

Description	Amount
JIM RICE FOCUS SEMINARS - ONE WEEK	\$ 8,776
ALL TYPE FIRE PROTECTION/SAFETY TRAINING	22
REIMBURSEMENTS	225
	SCHEDULE V LINE 23-3 <u>\$ 9,022</u>